

Retail Food Establishment Inspection Report

E # ...

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishn	nant Name		on of each violation is specified in the narrative portion of the					
	vert			i (mm/dd		nspection vr)	PERMIT #	
Establishment Address (number and street, city, state, zip code)				812 301 2191	1 ' ' ' 1		19-69	
			Floyds Kubs, 12 47150	·	''''	/ 201		
Owner	141 15		F10745 KAUBS, 170 47150	Purpose:	To 11		<u> </u>	
Cheis	Lopher	Kr	tonbach	Routine	Follow-up Release Date TES TODAY			
Owner's A	ddress	., ,,,		2. Follow-up				
				3. Complaint	Summary of Violations: C_4NC_6_R_2_			
Person in	7/	1	1.	4. Pre-Operational				
Responsible	Kro	<u>√</u>	ach	5. Temporary				
-			mil.com	6. HACCP	Menu Type (See back of page)			
Certified F			<u> </u>	7. Other (list)	١			
Chris	Kron	bne	h(3/17/21)		12	3 <u>X</u>	_45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
THE CODUME HARRED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R								
רדו	C	-	Narrative				rrected By	
204	c	<u> </u>	Observed debris in uncovered ice bin contaminating ice inside				Discarded	
207		\vdash	Observed insulation debris in witchen					
702	- A		- all affected utusils or equipment must be sanificial prior to use					
303	<u></u>		Observe plastic beverage glasses not properly chancel					
415	C	_	Observed flies throughout Kitchen and diving room				k	
304	NL		Observed plastic burrage glasses met specked					
410	سند	15	Obaned (2) light shields missly in kikhy				,	
413	NC		Observed I' hole in bother corner of witchen down I manths					
425	NL		Observed risked chancel locks should with ceeking whosils Corrected					
430	NE	R	Observed unfinished bur wall and portion of Flooring Zmonths					
431	76		I/I I/I I/I I/I I/I I/I					
			Volume spill and oder in outdoor storage area / week					
Received by (name and title printed): Inspected by (name and title printed):								
morpooned by (maine and that primed).								
Received by (signature): Received by (signature): Received by (signature): Received by (signature):								
Inspected by (signature):								
ce; cc;								
			CC,	1	cc:		,	